



Clarke County School District
VOLUNTEER LANGUAGE INTERPRETER AGREEMENT

Thank you for your willingness to do language interpreting for the Clarke County School District!

For each school you visit, please provide the following information and **sign on the back**.

Name: _____

Email: _____ Home/Cell Phone: _____

Language Proficiency/Training (specify languages):

Name Previous Interpreting Experience into English:

Please carefully read each of the following sections:

(1) Confidentiality of Student Information:

I understand that as an interpreter, I may be involved in discussions of confidential student information, including grades, test scores, medical history, or others. I agree not to divulge the content of this information.

(2) Interpreter Ethics:

I certify that I have watched the CCSD Interpreter Training Video which describes the ethical considerations of being an interpreter. (On the HandsOn website)

(3) Release, Waiver Of Liability, And Covenant Not To Sue

I hereby acknowledge that my voluntary participation as an interpreter for the Clarke County School District may involve risks of property damage, bodily or personal injury which could result in death. Potential risks include, but are not limited to, motor vehicle accidents, theft or property damage, injury from trips or falls at the school site(s), exposure to contagious diseases, exposure to inclement weather conditions and any other risks that may be associated with the above-mentioned program.



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I hereby assume any and all such risks. I hereby release and forever discharge the Clarke County School District, the Clarke County Board of Education, their members individually and their officers, agents and employees from any and all claims, demands, rights and courses of action of whatever kind, arising from or by reason of any personal injury or property damage, or the consequences thereof, resulting from or in any way connected with my participation in this program.

I further covenant and agree that for the consideration stated above I will not sue the Clarke County School District or Board of Education, its members individually, its officers, agents, or employees for any claim for damages arising or growing out of my voluntary participation in this program.

I certify that I am at least 18 years of age and have read and understood the above before voluntarily signing.

(4) Liability Protection for Interpreters

As a volunteer interpreter for the district, I hereby agree that I will use my language skills to interpret in good faith, attempting to communicate messages as accurately as possible. The Clarke County School District agrees that I will not be held liable for mistakes, omissions, or misinterpretations, provided that I am using my language skills to the best of my ability and in good faith.

(5) Expectations

I understand and agree to the following, as a volunteer interpreter:

- I will arrive at least 10 minutes prior to the start of the scheduled session
- I will use my language skills and resources to the best of my ability to achieve an accurate and complete interpretation of the message during the session
- I will inform the school district employee (e.g., teacher) if at any time I do not fully understand the content or words of the information I am to interpret
- I will maintain confidentiality of information shared during sessions
- I will complete the online survey in order that CCSD may improve this process

Signature: _____

Date: _____